



## STATE HEALTH BENEFIT PLAN (SHBP) QUALIFYING EVENTS

*Employees are not allowed to increase or decrease coverage, or to add or delete coverage except under limited Qualifying Life Event (Qualifying Event) conditions as outlined in Chapter 111-4-1-.06 in the Regulations of the Board. If a change in family status, employment status or change in insurance coverage occurs, any change made by the employee must be because of and consistent with such change. The intent of allowing change is to protect the employee and their family from loss of health coverage.*

A Qualifying Event is defined as a change in family status, employment status or change in insurance coverage. When a qualifying event has occurred, the employee must report the change to their employing entity within the specified time frame. Enrollment in or changes to the current health benefit selection that are not received by SHBP within 31 days of the Qualifying Event will not be allowed.

### **Effective Date of Changes**

Requests to change or discontinue coverage must be received by SHBP no later than 31 days following the Qualifying Event unless otherwise noted in the specific provision of the Regulations. The effective date of the change or discontinuation shall be on the first of the month following receipt of the request or date of the Qualifying Event, unless otherwise noted.

Changes in health benefit coverage may not be made retroactively except to cover a **newborn dependent** from birth or for the correction of administrative error. Requests resulting in an enrollment or change from single to family coverage must be requested up to 31 days before the event or within 31 days following the event. For the anticipated birth of a dependent, the Plan will allow an enrollment or change to family coverage to be effective the first of the month in which birth is anticipated; only if a member requests the family coverage to become effective at birth can the employing entity take a payroll deduction/reduction for a retroactive coverage effective date.

The birth of a newborn dependent is the **only** Qualifying Event that allows a retroactive coverage effective date and the appropriate deduction/reduction must be taken from the employee's earnings in the month the request is received. The employing entity must advise the employee multiple deductions will be taken in the next payroll cycle.

When changing to family coverage due to the Qualifying Event of a newborn dependent's birth, the employee has the option to add other qualifying family members to the coverage; required dependent documentation will be requested. If the employee chooses not to cover the newborn from birth, the employing entity should document this fact in the employee's benefit file.

<b>Event</b>	<b>Time Limitations</b>	<b>Required Documentation</b>	<b>Additional Information</b>
<b>Newly Hired Employee</b>	31 days following the Hire Date	Employment Record Membership Form	The employee may: <ul style="list-style-type: none"> <li>• enroll in coverage</li> <li>• enroll eligible dependents</li> <li>• decline coverage (SHBP Declination of Coverage required within 31 days of the Qualifying Event)</li> </ul>
<b>Marriage</b>	31 days following the Qualifying Event	Certified copy of Marriage Certificate	The employee may: <ul style="list-style-type: none"> <li>• enroll in coverage</li> <li>• enroll eligible dependents</li> <li>• discontinue coverage (letter from other plan documenting coverage is required to discontinue coverage) within 31 days of the Qualifying Event</li> </ul>
<b>Birth /Adoption</b>	31 days following the Qualifying Event	Copy of the certificate of birth or letter of certification of birth Adoption Certificate	The employee may: <ul style="list-style-type: none"> <li>• enroll in coverage</li> <li>• enroll eligible dependents</li> <li>• change to any available option within 31 days of the Qualifying Event</li> </ul>
<b>Legal Guardianship</b>	31 days following the Qualifying Event	Copy of court decree showing the employee's financial responsibility for the dependent; copy of certified Birth Certificate	The employee may: <ul style="list-style-type: none"> <li>• enroll in coverage</li> <li>• enroll eligible dependents</li> <li>• change to any available option within 31 days of the Qualifying Event</li> </ul>
<b>Divorce</b>	31 days following the Qualifying Event	Copy of Divorce Decree and loss of coverage documentation	The employee may: <ul style="list-style-type: none"> <li>• enroll in coverage</li> <li>• enroll eligible dependents</li> <li>• change to Single Coverage</li> <li>• change to family coverage within 31 days of the Qualifying Event</li> </ul>
<b>Former spouse loses coverage or plan cancelled (resulting in loss of dependent children's coverage)</b>	31 days following the Qualifying Event	Letter from the other plan documenting coverage loss	The employee may: <ul style="list-style-type: none"> <li>• enroll in coverage</li> <li>• enroll eligible dependents within 31 days of the Qualifying Event</li> </ul>

<b>Spouse or only enrolled dependent's employment status changes, resulting in a gain of coverage under a qualified plan</b> <i>Note: Does not include spouse's Open Enrollment election if the plan year is the same as the SHBP Plan.</i>	31 days following the Qualifying Event	Letter from the employer documenting effective date of coverage eligibility and who is covered under the new plan	The employee may: <ul style="list-style-type: none"> <li>• change to Single Coverage</li> <li>• drop coverage</li> </ul>
<b>Loss/discontinuation of coverage through other employment, Medicaid, or Medicare (employee or dependent)</b>	31 days following the Qualifying Event	Letter from the other employer, Medicaid, or Medicare documenting date of loss and reasons for the loss/discontinuation of coverage	The employee may: <ul style="list-style-type: none"> <li>• enroll in coverage</li> <li>• enroll eligible dependents</li> <li>• change to any available option within 31 days of the Qualifying Event</li> </ul>
<b>New coverage under spouse's employer's plan</b>	31 days following the Qualifying Event	Letter from other plan documenting coverage to include reason for enrollment, effective date of coverage and list of all persons enrolled.	The employee may: <ul style="list-style-type: none"> <li>• change to Single Coverage</li> <li>• discontinue coverage - within 31 days of the Qualifying Event</li> </ul>
<b>Employee or spouse is activated into military services</b>	31 days following the Qualifying Event	Copy of military orders	The employee may: <ul style="list-style-type: none"> <li>• enroll in coverage</li> <li>• change to single coverage within 31 days of the Qualifying Event.</li> <li>• discontinue coverage</li> </ul>
<b>Employee's spouse makes an Open Enrollment change under the spouse's employer's plan, creating an overlap or break in coverage because spouse's coverage has a different plan year</b>	31 days following the Qualifying Event	Letter from the other plan documenting overlap or break in coverage	The employee may: <ul style="list-style-type: none"> <li>• enroll in coverage</li> <li>• enroll eligible dependents</li> <li>• change to single coverage</li> <li>• discontinue coverage</li> </ul>

<b>Dependents who are full time students (age 19 but under age 26)</b>	Full time student status must be received prior to coverage ending at age 19. If coverage is lapsed due to verification documentation being submitted late, the student may not be added until the following Open Enrollment.	Annual certification letter from the school's registrar along with a Dependent Status Information Form, including: <ul style="list-style-type: none"> <li>• enrollment dates for current and previous quarters or semesters</li> <li>• number of credited hours per quarter or semester</li> <li>• enrollment status for each quarter or semester (full or part-time)</li> </ul>	If there is only one eligible dependent, the coverage will automatically change to single if the only dependent becomes non-eligible for coverage. A letter of acceptance from an accredited university will be acceptable if still in high school or not yet started college on their 19 <sup>th</sup> birthday.
<b>Disabled Child</b>	During open enrollment you may apply to enroll an over-age disabled child not covered under SHBP prior to age 19 but who was disabled prior to age 26	<ul style="list-style-type: none"> <li>• Medical documentation from the attending physician on the child's disability and the disability questionnaire to be completed by the employee. Call SHBP for the forms</li> </ul>	Documentation must be received and approved by SHBP prior to coverage being granted
<b>Qualified Medical Child Support Order (QMCSO)</b>	No time limit	Documentation of the court order and completion of membership form	The employee may: <ul style="list-style-type: none"> <li>• change to family coverage</li> <li>• can change to any available option enroll in coverage</li> </ul>
<b>Loss of all eligible dependents</b>	31 days following the Qualifying Event		The employee may: <ul style="list-style-type: none"> <li>• change from family to single coverage within 31 days of the loss of all eligible dependents</li> </ul>
<b>Change of Residency</b>	31 days following the Qualifying Event	Documentation of change of residency	The employee may: change to any available option
<b>Health Maintenance Operation (HMO) goes out of operation</b>	31 days following the Qualifying Event		The employee must elect new coverage or discontinue coverage within 31 days of Qualifying Event or coverage will automatically be transferred to an option selected by SHBP. The member may not change from single to family or from family to single unless a Qualified Event has occurred.

For a complete description of qualifying events and the required documentation members should contact the Eligibility Unit at 800-610-1863 or refer to their Summary Plan Description (SPD).